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PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

| | | | |
|---|----------------------|------------------------|--------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/657,431 | |
| | Filing Date | September 7, 2000 | |
| | First Named Inventor | Dominique P. BRIDON | |
| | Group Art Unit | 1654 | |
| | Examiner Name | B. Chism | |
| Total Number of Pages in This Submission | 4 + 1 refs | Attorney Docket Number | 500862001400 |

ENCLOSURES (check all that apply)

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form - 1 pg IN DUPL <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement - 3 pgs <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney - 1 pg <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter - 1 pg <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) 1. SB/08a/b - 1 pg w/1 ref attached RETURN RECEIPT POSTCARD |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

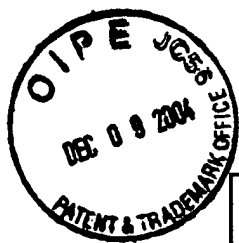
| | |
|-------------------------|---|
| Firm or Individual Name | Michael R. Ward (38,651) MORRISON & FOERSTER LLP CUSTOMER 20872 |
| Signature |  |
| Date | December 6, 2004 |

CERTIFICATE OF FIRST CLASS MAIL

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: **COMMISSIONER FOR PATENTS, MAIL STOP: AMENDMENT, P.O. BOX 1450, Alexandria, VA 22313-1450**

Date: December 6, 2004

Signature  (LILIA OLSEN)



PTO/SB/17 (10-04)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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| FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small> | | Complete if Known | |
|--|--|--|----------------------------------|
| | | Application Number | 09/657,431 |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Filing Date | September 7, 2000 |
| | | First Named Inventor | Dominique P. BRIDON |
| | | Examiner Name | B. Chism |
| TOTAL AMOUNT OF PAYMENT (\$) | | 180.00 | Attorney Docket No. 500862001400 |
| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other <input type="checkbox"/> None | | 3. ADDITIONAL FEES | |
| <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP | | Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid | |
| The Director is authorized to: (check all that apply) | | 1051 130 2051 65 Surcharge - late filing fee or oath | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments | | 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | | 1053 130 1053 130 Non-English specification | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | 1812 2,520 1812 2,520 For filing a request for <i>ex parte</i> reexamination | |
| FEE CALCULATION | | 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action | |
| 1. BASIC FILING FEE | | 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action | |
| Large Entity Small Entity | | 1251 110 2251 55 Extension for reply within first month | |
| Fee Fee Fee Fee | Fee Description Fee Paid | 1252 430 2252 215 Extension for reply within second month | |
| Code (\$) Code (\$) Code (\$) Code (\$) | | 1253 980 2253 490 Extension for reply within third month | |
| 1001 790 2001 395 | Utility filing fee | 1254 1,530 2254 765 Extension for reply within fourth month | |
| 1002 350 2002 175 | Design filing fee | 1255 2,080 2255 1,040 Extension for reply within fifth month | |
| 1003 550 2003 275 | Plant filing fee | 1401 340 2401 170 Notice of Appeal | |
| 1004 790 2004 395 | Reissue filing fee | 1402 340 2402 170 Filing a brief in support of an appeal | |
| 1005 160 2005 80 | Provisional filing fee | 1403 300 2403 150 Request for oral hearing | |
| SUBTOTAL (1) (\$) | | 1451 1,510 1451 1,510 Petition to institute a public use proceeding | |
| -0- | | 1452 110 2452 55 Petition to revive - unavoidable | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | 1453 1,330 2453 665 Petition to revive - unintentional | |
| Total Claims 12 - ** = 20 x Fee from below = Fee Paid | | 1501 1,370 2501 685 Utility issue fee (or reissue) | |
| Independent Claims 5 - ** = 6 x Fee Paid | | 1502 490 2502 245 Design issue fee | |
| Multiple Dependent | | 1503 660 2503 330 Plant issue fee | |
| Large Entity Small Entity | | 1460 130 1460 130 Petitions to the Commissioner | |
| Fee Fee Fee Fee | Fee Description Fee Paid | 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) | |
| Code (\$) Code (\$) Code (\$) Code (\$) | | 1806 180 1806 180 Submission of Information Disclosure Stmt | |
| 1202 18 2202 9 | Claims in excess of 20 | 8021 40 8021 40 Recording each patent assignment per property (times number of properties) | |
| 1201 88 2201 44 | Independent claims in excess of 3 | 1809 790 2809 395 Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1203 300 2203 150 | Multiple dependent claim, if not paid | 1810 790 2810 395 For each additional invention to be examined (37CFR 1.129(b)) | |
| 1204 88 2204 44 | ** Reissue independent claims over original patent | 1801 790 2801 395 Request for Continued Examination (RCE) | |
| 1205 18 2205 9 | ** Reissue claims in excess of 20 and over original patent | 1802 900 1802 900 Request for expedited examination of a design application | |
| SUBTOTAL (2) (\$) | | Other fee (specify) | |
| -0- | | *Reduced by Basic Filing Fee Paid | |
| **or number previously paid, if greater; For Reissues, see above | | SUBTOTAL (3) (\$) | |
| | | 180.00 | |
| SUBMITTED BY | | CUSTOMER NO: 20872 | |
| (Complete if applicable) | | | |
| Name (Print/Type) | MICHAEL R. WARD | Registration No. (Attorney/Agent) | 38/651 |
| Telephone | 415/268-6237 | Signature | Michael R. Ward |
| Date | December 6, 2004 | | |

SF-1829028



PATENT
Docket No. 500862001400

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: **MS Amendment**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 6, 2004

Signature: _____

(Lilia Olsen)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Dominique P. BRIDON et al.

Serial No.: 09/657,431

Filing Date: September 7, 2000

For: **LONG LASTING ANTI-ANGIOGENIC
PEPTIDES**

Examiner: B. Chism

Group Art Unit: 1654

**INFORMATION DISCLOSURE
STATEMENT UNDER 37 C.F.R. § 1.97 & 1.98**

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Pursuant to 37 C.F.R. § 1.97 and § 1.98, Applicants submit for consideration in the above-identified application the documents listed on the attached Form PTO-1449. Copies of the documents are also submitted herewith. The Examiner is requested to make these documents of record.

12/14/2004 RNEBRAHT 00000007 031952 09657431

01 FC:1806 180.00 DA

sf-1829019

This Information Disclosure Statement is submitted:

- ☐ With the application; accordingly, no fee or separate requirements are required.
- ☐ Before the mailing of a first Office Action after the filing of a Request for Continued Examination under § 1.114. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☐ Within three months of the application filing date or before mailing of a first Office Action on the merits; accordingly, no fee or separate requirements are required. However, if applicable, a certification under 37 C.F.R. § 1.97 (e)(1) has been provided.
- ☒ **After receipt of a first Office Action on the merits but before mailing of a final Office Action or Notice of Allowance.**
 - ☐ A fee is required. A check in the amount of __ is enclosed.
 - ☒ **A fee is required. Accordingly, a Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.**
 - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above; accordingly; no fee is believed to be due.
- ☐ After mailing of a final Office Action or Notice of Allowance, but before payment of the issue fee.
 - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above and a check in the amount of __ is enclosed.
 - ☐ A Certification under 37 C.F.R. § 1.97(e) is provided above and a Fee Transmittal form (PTO/SB/17 is attached to this submission in duplicate.)

Applicants would appreciate the Examiner initialing and returning the Form PTO-1449, indicating that the information has been considered and made of record herein.

The information contained in this Information Disclosure Statement under 37 C.F.R. § 1.97 and § 1.98 is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist;

(iii) the information, protocols, results and the like reported by third parties are accurate or enabling;
or (iv) the above information constitutes prior art to the subject invention.

In the unlikely event that the transmittal form is separated from this document and the Patent Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicants petitions for any required relief including extensions of time and authorize the Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to Deposit Account No. 03-1952 referencing (500862001400). However, the Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

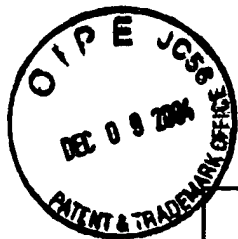
Dated: December 6, 2004

Respectfully submitted,

By 

Michael R. Ward

Registration No.: 38,651
MORRISON & FOERSTER LLP
425 Market Street
San Francisco, California 94105
(415) 268-6237



ALTERNATIVE TO PTO/SB/08a/b (06-03)

| | | | | | |
|---|----------|----|----------|--------------------------|----------------------------|
| Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i> | | | | Complete if Known | |
| | | | | Application Number | 09/957,431 |
| | | | | Filing Date | September 7, 2000 |
| | | | | First Named Inventor | Dominique P. BRIDON |
| | | | | Art Unit | 1654 |
| | | | | 1642 | B. Chism |
| Sheet | 1 | of | 1 | Attorney Docket Number | 500862001400 |

| U.S. PATENT DOCUMENTS | | | | | |
|-----------------------|--------------------------|--|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | | Number-Kind Code ² (if known) | | | |
| | | | | | |

| FOREIGN PATENT DOCUMENTS | | | | | | |
|--------------------------|--------------------------|---|-----------------------------------|--|---|----------------|
| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | T ⁶ |
| | | Country Code ³ -Number ⁴ -Kind Code ⁵ (if known) | | | | |
| | | | | | | |
| | 1. | WO 00/69900 | 11/23/2000 | D. BRIDON | | |

*EXAMINER: Initial if information considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

| NON PATENT LITERATURE DOCUMENTS | | | |
|---------------------------------|--------------------------|---|----------------|
| Examiner Initials* | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² |
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¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

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|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

sf- 1830985